

Revised 03/06 WDNV

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)**

12CV6022P

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notices for more information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, *each* plaintiff must submit an in forma pauperis application and a signature of the plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. LARRY J Shelton Collins Jr.

2. _____

-VS-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. County of Erie

4. Holding Center

2. Erie County Holding center

5. Entire STAFF

3. Medical STAFF and Erie County

6. _____

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: LARRY J Shelton Collins JR 11B 3629

Present Place of Confinement & Address: Five Point Correctional Facility

State Rt 96 P.O. Box 119 Romulus NY, 14541

Name and Prisoner Number of Plaintiff: Larry J. Collins

Present Place of Confinement & Address: Five Points Correctional Facility

State Rt 96 P.O. Box 119 Romulus NY, 14541

DEFENDANT'S INFORMATION NOTE: To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: Eric County Holding, County of Erie, Entire STAFF
 (If applicable) Official Position of Defendant: Nurse, RN, LPN Entire STAFF.
 (If applicable) Defendant is Sued in _____ Individual and/or X Official Capacity
 Address of Defendant: 40 Delaware AVE Buffalo N.Y. 14202

Name of Defendant: Entire STAFF
~~Nurse, RN, LPN Entire Erie Holding Ct. County of Erie~~
 (If applicable) Official Position of Defendant: Nurse, LPN, RN Entire STAFF
 (If applicable) Defendant is Sued in _____ Individual and/or X Official Capacity
 Address of Defendant: 40 Delaware AVE Buffalo N.Y. 14202

Name of Defendant: Erie County Holding Ct. County of Erie. Medical STAFF
 (If applicable) Official Position of Defendant: Nurse RN, LPN RN Entire STAFF
 (If applicable) Defendant is Sued in _____ Individual and/or X Official Capacity
 Address of Defendant: 40 Delaware AVE Buffalo N.Y. 14202

4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?
 Yes _____ No X

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:
 Plaintiff(s): LARRY J. Collins
 Defendant(s): Erie County Holding Ct. County of Erie, Medical STAFF
2. Court (if federal court, name the district; if state court, name the county): _____
3. Docket or Index Number: _____
4. Name of Judge to whom case was assigned: _____

5. The approximate date the action was filed: ~~1-10~~ NA

6. What was the disposition of the case?

Is it still pending? Yes No X

If not, give the approximate date it was resolved.

Disposition (check the statements which apply):

 Dismissed (check the box which indicates why it was dismissed):

X By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

 By court for failure to exhaust administrative remedies;

 By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

 By court due to your voluntary withdrawal of claim;

 Judgment upon motion or after trial entered for

 plaintiff

 defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes No X

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): LARRY J Shelton Collins Jr.

Defendant(s): Erie County Holding Ct. County of Erie

2. District Court:

3. Docket Number:

4. Name of District or Magistrate Judge to whom case was assigned:

5. The approximate date the action was filed:

6. What was the disposition of the case?

Is it still pending? Yes No X

If not, give the approximate date it was resolved.

Disposition (check the statements which apply):

 Dismissed (check the box which indicates why it was dismissed):

- ☒ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- By court for failure to exhaust administrative remedies;
- By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- By court due to your voluntary withdrawal of claim;

 Judgment upon motion or after trial entered for

- plaintiff
- defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|--------------------|------------------------|---|
| • Religion | • Access to the Courts | • Search & Seizure |
| • Free Speech | • False Arrest | • Malicious Prosecution |
| • Due Process | • Excessive Force | <input checked="" type="checkbox"/> Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect | • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

Fed.R.Civ.P. 10(b) states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to **42 U.S.C. § 1997e(a)**, "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) Erie County Holding Ct Medical Staff,
 defendant (give the **name and position held** of **each defendant** involved in this incident) Entire Medical
OFFICIAL Capacity

did the following to me (briefly state what each defendant named above did): Erie County Holding
Center, County of Erie, Entire Staff Didn't Provide me with
the service that I need. I Believe, I was treat untust and
unfair. Staff didn't show any concern Pertaining to this
Matter, I believe that someone should be held accountable
for this. This matter was brought to their attention, by other
Employee, And they fail to do so. They Just over look
this, And ~~Just~~ ^{Pretend} like nothing happen.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Cruel and mental Punishment

The relief I am seeking for this claim is (briefly state the relief sought): I would like to be
Award for Cruel And Mental Punishment.

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? _____ Yes X No If yes, what was the result? _____

Did you appeal that decision? _____ Yes X No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I believe that this
matter would Just ^{been sweep} sweep under the rug

A. SECOND CLAIM: On (date of the incident) 11-18-11,
 defendant (give the **name and position held** of **each defendant** involved in this incident) I Believe that
John Doe Should be Held accountable, Me and MS Janet
was talking about it. That I didn't recieve my Insulin

did the following to me (briefly state what each defendant named above did): I Believe that
~~John Doe and Jane Doe didn't~~ ^{DO} ~~do~~ their ~~duties~~ ^{For Not given} ~~responsibilities~~
John Doe and Jane Doe IS responsible ^{medication} ~~for~~ ^{giving} ~~me~~ ^{Immate}
~~their medical.~~ ^{The 3 to 11 Shift are responsible} ~~for~~ ^{for} ~~calling~~ ^{for} ~~calling~~
~~Immate down to medical at night.~~ John And Jane are
 to make sure that every Immate get medical attention
 that he ^{app} ~~need~~ or ~~her~~ ^{need}. I Believe that Staff is
 Awhere of everybody Circumstance and Iness Illness
 The constitutional basis for this claim under 42 U.S.C. § 1983 is: ^{Fifth} ~~Fourth~~ ^{Amend} ~~Eight~~ ^{Amend}
 being Denid medical attention, Also Cruel And mental Punishment
 The relief I am seeking for this claim is (briefly state the relief sought): I would like Justice
And Award For Pain Suffering. staff is awhere because
This is in my medical record, that Im diabetic

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? _____ Yes ☒ No _____ If yes, what was the result? _____

Did you appeal that decision? _____ Yes ☒ No _____ If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I Believe that no
one Are willingly to accept that that they were at fault

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

I believe that they Just didn't care. There is no
excuse For this type of Treatment. ~~I~~ ^I ~~Believe~~ ^{Believe} ~~that~~
John and Jane didn't Show any interest

Do you want a jury trial? Yes _____ No _____

I Believe that John Doe And, Jane Doe Didn't Perform Their Duties to Capacity of Facility. Its their responsible to make sure that every Inmate take their medication. Also to attend to ~~Every~~ Inmate medical need. The 3 toll Shift at Night Are responsible for Calling Inmate down to the infirmary. I Believe that they know every Inmate Circumstance and Issue dealing with their medical need. It is their responsible to log in medical book, That every Inmate has taken their medication.

Fifth Amend. That I was being denied medical Attention, And staff didn't show and concern. They are aware of my illness.

Eight Amend By refusing to attend to my medical NEED, yes this is cruel And Mental Punishment, Also By Being neglecting me.

The relief I am seeking for this claim. Is that Justice will be served, And be Award for Pain, And Neglect And mental Punishment.

If you did not exhaust your Administrative remedy I Believe that Jane Doe And John Doe Aren't willingly to admit that It was their fault. Also I Believe that this matter would have Just been sweep under the rug. I Honestly Believe that I wouldn't gotten any responsible back.

Summarize the relief request by you in each statement

1. By not getting medical attention that I need.
2. Neglect and cruel mental Punishment
3. I want Justice to be serve.
4. I want John Doe and Jane Doe to admit that they are responsible for this
5. And admit that they didn't Perform their Duties to Capacity of Facility

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(date)

NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.

Larry J. Collins # 11B3622
Five Point Correction Facility

Larry Collins

Signature(s) of Plaintiff(s)

Fifth Amend. That know one ~~should~~^{shouldn't} every be denied Medical Attention. yes under NEW York State And Federal law Every one are entitle^{to} medical Attention even IF they don't have medical cover. This is ~~the~~^{Hipaa} law

Eight Amend I don't understand why I was being treat like This, There is No reason or Excuse for this type of treatment.

When this matter WAS Address to STAFF. The Facility told the Complaint that they would have to call, last Facility That I was At. They ~~call~~^{Call} Eric county Correctional Facility And They Verify my circumstance. yes Eric county Holding Center ARE aware of my Circumstance. Also they were given instruction that I was and Diabetic, And I take 52 unit of insulin at Night. yes Everything are document. The Fact that This Happen, And They Just ignore it. This shouldn't ~~have happen At all~~. have happen ~~At~~ AT All. I Believe

Entire STAFF Should be held accountable. Like I said I had made numerous Complaint and STAFF Just ignore Them. STAFF didn't try to correct or rectify this matter. No ~~apology~~^{apology} were made. I Believe that Inmate Should Recieve better treatment. And better And update Equipment. Also that STAFF Should Pay more attention to Inmate with Special Need. Negligence lack of treatment. I brought this to Nurse attention who WAS Pasting out Medication. And her respons was that, they will call ~~me~~ you down to infirmary.

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yes this is deadly disease that I deal with daily For three days I didn't get my Insulin.